



State of Washington
Department of Revenue
Special Programs Division
Unclaimed Property Section
PO Box 47477
Olympia, WA 98504-7477

CERTIFICATE OF HOLDER

1. Unclaimed Property Account No.:

2. Verified Legal Claimant Information:

Reported Owner's Name

Claimant's Name

c/o or Attention

Mailing Address

City, State, Zip

3. Holder

Holder's Name & Holder Number

c/o or Attention

Mailing Address

City, State, Zip

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Phone Number

4. Claim Information:

\$ _____
Amount Reported

Year Reported/
Sequence Number

ID Number

Property Type

☐ Yes ☐ No
Aggregate

5. Holder's Declaration and Notary:

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and Place

Signature and Title

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public (print name)

Notary Public (signature)

Residing at

Commission Expires

INSTRUCTIONS FOR COMPLETING CERTIFICATE OF HOLDER

This Form Is To Be Completed By The Holder (The Company Which Had Possession Of The Property Being Claimed).

- **To The Holder:**

The claimant and the Unclaimed Property office do not have enough information to verify this claim. Please review the claimant's documentation and complete this form if your records verify this is the correct claimant. **Please copy the form onto your company's letterhead**, this is to confirm that the **holder** is verifying this claim and not the claimant. Also enclose the claimant's relevant documentation. If you are unable to verify the claimant, do not complete this form but do notify them of your decision.

- **Instructions:**

1. **Unclaimed Property Account No.:** To be completed by the Unclaimed Property office.
2. **Verified Legal Claimant Information:** Provide the reported owner's name, the claimant's name (if different from the owner's name), any "attention to" or "in care of", and the mailing address for the claimant (address to which refund should be mailed).
3. **Holder Information:** Provide the holder's name and holder number (if known), any "attention to" or "in care of", the mailing address, and the holder's phone number.
4. **Claim Information:** Please provide us with the dollar amount reported for this owner, the year reported (and sequence number if more than one report was sent for that year), the identification number, property type, and whether it was an aggregate.
5. **Holder's Declaration and Notary:** Please sign, date and **have your signature notarized.**

Holder Repaid Owner/Reported In Error

If the holder has repaid the claimant directly or the funds were reported in error, the following instructions apply.

- **Holder Repaid Owner:**

Complete the Certificate of Holder as indicated above, except in section 2, enter the reported owner's name and for claimant write "**Same as Holder**". Include proof of repayment (positive owner contact) which may be a photo copy of the front and back of a canceled check, or a statement signed by the claimant acknowledging repayment.

- **Reported in Error:**

Complete the Certificate of Holder as indicated above, except in section 2, enter the owner's name then for claimant write "**Same as Holder**". Include a detailed explanation and any documentation justifying why this was an error.

For tax assistance visit <http://dor.wa.gov> or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users please call (800) 451-7985.